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CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
 UNITED STATES PATENT AND TRADEMARK OFFICE

Date: June 22, 2004

Examiner: Ella Colbert	:	RE: U.S. Patent Application
Art Unit: 3624	:	Serial No.: 09/391,772
Fax: (703) 872-9306	:	Applicant: Dixon, III et al.
From: Daniel M. Fitzgerald	:	Atty. Dkt. No.: RD-27,422

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JUN 22 2004

OFFICIAL

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Cover Sheet (1 pg.)

Copy of Date-stamped post card (1 pg.)

Copy of Amendment filed January 8, 2004 (32 pgs.)

*Total pages including cover page: 34 pgs.**If all pages are not received, please contact: Gail Maloney at ext. 7458*

RE: The above referenced U.S. Patent Application
 FOR: METHODS AND APPARATUS FOR SUBMITTING INFORMATION TO AN AUTOMATED
 LENDING SYSTEM
 FILED: September 8, 1999

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that the above-referenced Documents are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown below.

Date: June 22, 2004

 Daniel M. Fitzgerald, Reg. No. 38,880

Per my voicemail messages to you of yesterday and today, transmitted herewith please find an Amendment that was mailed to the USPTO on January 8, 2004 in response to an Office Action dated September 10, 2003. Also, I am attaching the date-stamped post card showing that the USPTO received the Amendment. Please call me if you have any questions.

The information contained in this facsimile message is information protected by attorney-client and/or the attorney/work product privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service.

*IF YOU DID NOT RECEIVE ALL PAGES PLEASE CONTACT US IMMEDIATELY AT (314) 621-5070

PAGE 1/34 * RCV'D AT 6/22/2004 10:32:36 AM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/0 * DNI:8729306 * CSID:3146215065 * DURATION (mm:ss):15:30

THE UNITED STATES PATENT OFFICE IS REQUESTED TO IMPRESS ITS STAMP ON THIS CARD AND PLACE SAME IN THE OUTGOING MAIL TO SHOW THE FOLLOWING PAPERS HAVE BEEN RECEIVED:

Atty Dkt. No.: RD-27,422 (12764-72)

Applicants: Dixon, III et al.

S.N.: 09/391,772

Filed: September 8, 1999

Art Unit: 3624

For: METHODS AND APPARATUS FOR SUBMITTING INFORMATION TO AN AUTOMATED LENDING SYSTEM

Enclosed:

Transmittal (3 pgs., in duplicate)

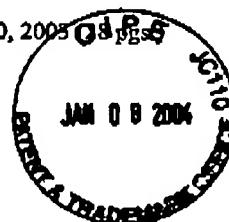
Amendment in response to Office Action dated September 10, 2003 (3 pgs)

Return Post Card

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Express Mail Label No.: EV299862684US

Mailed: January 8, 2004



THE UNITED STATES PATENT OFFICE IS REQUESTED TO IMPRESS ITS STAMP ON
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PAPERS HAVE BEEN RECEIVED.

Atty Dkt. No.: RD-27,422 (12764-72)

Applicants: Dixon, III et al.

S.N.: 09/391,772

Filed: September 8, 1999

Art Unit: 3624

For: METHODS AND APPARATUS FOR SUBMITTING INFORMATION TO
AN AUTOMATED LENDING SYSTEM

Enclosed:

Transmittal (3 pgs., in duplicate)

Amendment in response to Office Action dated September 10, 2003 (28 pgs.)

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Express Mail Label No.: EV299862684US

Mailed: January 8, 2004

EV299862684US

RD-27,422
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dixon, III et al. : Art Unit: 3624
Serial No.: 09/391,772 : Examiner: Ella Colbert
Filed: September 8, 1999 :
For: METHODS AND APPARATUS :
FOR SUBMITTING :
INFORMATION TO AN :
AUTOMATED LENDING :
SYSTEM :
:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated September 10, 2003 (28 pgs.); Return post card

STATUS

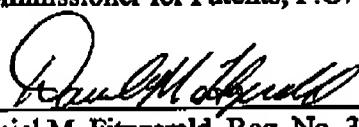
2. Applicant
 claims small entity status.
 is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

Express Mail No. EV299862684US

Date: January 8, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Daniel M. Fitzgerald, Reg. No. 38,880

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input checked="" type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00
		<u>Fee Due</u> <u>\$ 110.00</u>

If an additional extension of time is required, please consider this a petition therefor.
(Check and complete the next item, if applicable)

An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 110.00.

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	CLAIMS REMAINING AFTER AMENDMENT	(Col. 2)	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY
						ADDITIONAL RATE FEE	OR	
TOTAL	19	MINUS	20	=0	x \$9 = \$			x \$18 = \$0.00
INDEP.	4	MINUS	4	=0	x \$42 = \$			x \$84 = \$0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$140 = \$			+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$0.00	

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$110.00.
A duplicate of this transmittal is attached.

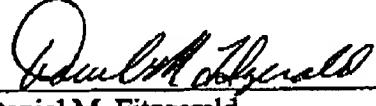
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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